



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
February 1 to County Superintendent  
February 15 to State Superintendent

**Second Semester**  
May 10 to County Superintendent  
May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: <b>03 Blaine</b>			District: <b>0028 Chinook Elem</b>		District Level: <b>Elementary</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
10	1542	No	ERSKINE, SUSAN		2.50	_____
10	2399	No	Swenson, Misty		1.75	_____



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Date			Signature, Chair, Board of Trustees			
County: <b>03 Blaine</b>			District: <b>0029 Chinook H S</b>		District Level: <b>High School</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
10	1540	No	KELLAM, BLANCHE		9.25	



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District	<input type="checkbox"/>
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County: <b>03 Blaine</b>			District: <b>0030 Harlem Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
12	1537	Yes	SNIDER, BETTE JO	3.75	_____
12	1538	No	JONES, REE	7.50	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
12	1536	No	BOLD, JILL	9.25	_____
12	1537	Yes	SNIDER, BETTE JO	3.75	_____
12	1539	No	ROSELLE, KIMBERLEY M	9.25	_____
12	2213	No	Haldemann, Betty	9.25	_____



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County: <b>03 Blaine</b>			District: <b>0032 Cleveland Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14	1060	No	Moore, Lori	17.63	_____
14	1527	No	GRUSZIE, TRISHA	3.00	_____
14	1528	No	MITCHELL, TAMI & DENNIS	15.25	_____
14	1529	No	MITCHELL, BOBBIE	6.75	_____
14	1533	No	LIDDLE, TRAVIS & JOLENE	10.35	_____
14	1534	No	HOFELDT, VICKI	5.25	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
17	1535	No	RASMUSSEN, JAMES L	1.50	_____
17	1541	No	OSTROM, NENA	7.00	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
24	1526	No	COPENHAVER, CONNIE	9.75	_____
24	2357	No	Goss, Jami	18.75	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
67	1530	No	MEEKS, LORI & SCOTT	1.70	_____
67	1531	No	GORECKI, RICHARD & MICHELLE	0.38	_____
67	1532	No	YOUNG, GORDON	3.75	_____